

# ALBANY SQUASH SQUASHFEST 2010 at Siena College

- What:** Amateur Squash Tournament for all skill levels in support of the Siena College Men's Squash Team!
- When:** March 12, 13, 14 2010
- Venue:** Main Draw at Siena College in the MAC on the squash courts. Consolation matches may be at The Court Club.
- Events:** Men's 5.5, 4.5, 3.5; Women's 3.5. Draws may be added, deleted or combined based on entries. Consolation draw for 1<sup>st</sup> round losers – 2 matches are guaranteed.
- Deadline:** Entries must be received by Tuesday March 9<sup>th</sup>, 2010.
- Draws:** Draws will be emailed to all entrants by Thursday March 11<sup>th</sup>, 2010.
- Entry Fee:** USSRA members \$50, non-members add \$15.  
**\$15 of your entry fee is a donation to the Siena College Squash Team!**
- Rules:**
- Ball: Dunlop Double Yellow Dot.
  - Matches will be PAR scoring to 11 points, best of five following US Squash rules.
  - US Squash approved eye guards are **mandatory**.
  - **Winners & losers** must mark and referee the following match in tandem.
- Hospitality:** Tournament T-shirts, continental breakfast Saturday and Sunday.
- More Info:** Contact Dan Sleasman Jr. [dsleasmanjr@gmail.com](mailto:dsleasmanjr@gmail.com) or by phone at 518.378.9872.

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## Sign-Up Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE #'S \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

US SQUASH # \_\_\_\_\_

DIVISION ENTERED \_\_\_\_\_

NRS RATING & INFO \_\_\_\_\_

**Release of Liability:** I understand that the physical nature of squash involves inherent risks and hazards of physical injury. I hereby release and hold harmless the Capital District Squash Racquets Association, Siena College, the Court Club and their respective directors, officers and employees from any and all claims, losses, damages or expenses arising out of any personal or bodily injury I may incur as a result of participation in such tournament. I assume all responsibility and certify that I am in good physical health and am capable of participation in this tournament

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

Complete the Entry Form, sign the Release and return with your check payable to CDSRA to:

**Dan Sleasman 31 Buckingham Drive Albany, NY 12208.**